

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2012 OCT 26 AM 11:45 FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Committee To Elect Brian Ryan B Doyle to Congress

ADDRESS (number and street) P.O. Box 1391 Greenwood SC 29648

2. FEC IDENTIFICATION NUMBER C 00515296 CITY STATE ZIP CODE STATE DISTRICT SC 03

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) X General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 11/06/2012 in the State of SC

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 06/01/2012 through 10/20/2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Rico M. Gruber Signature of Treasurer Date 10/20/2012

12030934177

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Committee to elect Brian Ryan B Doyle to Congress

Report Covering the Period: From:

06 ' 01 ' 2012

To:

10 ' 20 ' 2012

12030934178

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	315.00	
(b) Total Contribution Refunds (from Line 20(d))	0.00	
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	315.00	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2,287.04	
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2,287.04	
8. Cash on Hand at Close of Reporting Period (from Line 27)	10.53	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	13,826.97	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	2,287.04	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	
(b) Political Party Committees.....	0.00	
(c) Other Political Committees (such as PACs).....	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2,287.04	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	250.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2,287.04
25. SUBTOTAL (add Line 23 and Line 24).....	2,537.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2,287.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	250.00

12030934180

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>1</u> OF <u>2</u>
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
 * Committee to Elect Brian Ryan B Doyle to Congress

A. Full Name (Last, First, Middle Initial)
Jermaine Bruce

Mailing Address
2005 E. Pinetree Blvd

City Thomasville State GA Zip Code 31792

FEC ID number of contributing federal political committee. C

Name of Employer Fallin's BBQ Occupation Cook

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
05 / 10 / 2012

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Matt Reynolds

Mailing Address
2602 River Rd

City Piedmont State SC Zip Code 29673

FEC ID number of contributing federal political committee. C

Name of Employer DSO LLC Occupation TM

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
05 / 15 / 2012

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Gregory Brown

Mailing Address
1117 Weston Rd

City Hopkins State SC Zip Code 29061

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
08 / 29 / 2012

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

310.00

12030934181

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

PAGE 2 OF 2

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NAME OF COMMITTEE (in Full)
COMMITTEE TO Elect Brian Ryan & Doyle to Congress

A. Full Name (Last, First, Middle Initial)
Louis Hester

Mailing Address
82 South Regan Mead Circle

City *Woodlands* State *TX* Zip Code *77382*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Landman* Occupation *LE Energy*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
08 / 06 / 2012

Amount of Each Receipt this Period
5.00

~~B. Full Name (Last, First, Middle Initial)~~

~~Mailing Address~~

~~City State Zip Code~~

~~FEC ID number of contributing federal political committee. *C*~~

~~Name of Employer Occupation~~

~~Receipt For:
 Primary General
 Other (specify)~~

~~Election Cycle-to-Date~~

~~Date of Receipt~~

~~Amount of Each Receipt this Period~~

~~C. Full Name (Last, First, Middle Initial)~~

~~Mailing Address~~

~~City State Zip Code~~

~~FEC ID number of contributing federal political committee. *C*~~

~~Name of Employer Occupation~~

~~Receipt For:
 Primary General
 Other (specify)~~

~~Election Cycle-to-Date~~

~~Date of Receipt~~

~~Amount of Each Receipt this Period~~

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5.00

12030934182

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1	OF 21
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
Committee to elect Brian Ryan B Doyle to Congress

A. *Express Printing*

Full Name (Last, First, Middle Initial)
Express Printing

Date of Disbursement
10 / 03 / 2012

Mailing Address
230 Peachtree St NW

City *ATLANTA* State *GA* Zip Code *30303*

Purpose of Disbursement
Mailing Material

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period
150.00

B. *RACE TRAC 52*

Full Name (Last, First, Middle Initial)
RACE TRAC 52

Date of Disbursement
09 / 26 / 2012

Mailing Address
1625 Old Hwy 41

City *Kennesaw* State *GA* Zip Code *30152*

Purpose of Disbursement
Travel - Staff Support

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *SC* District: *03*

Amount of Each Disbursement this Period
30.00

C. *RACE TRAC 606*

Full Name (Last, First, Middle Initial)
RACE TRAC 606

Date of Disbursement
10 / 09 / 2012

Mailing Address
3858 Covington Hwy

City *Decatur* State *GA* Zip Code *30032*

Purpose of Disbursement
Travel - Staff Support

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *SC* District: *03*

Amount of Each Disbursement this Period
40.00

SUBTOTAL of Disbursements This Page (optional) *85.00*

TOTAL This Period (last page this line number only)

12030934183

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>2</u> OF			
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect Brian Ryan B Doyle to Congress

Full Name (Last, First, Middle Initial) A. SAM'S MART		Date of Disbursement 09 ' 10 ' 2012
Mailing Address 1892 Howell Mill RD		Amount of Each Disbursement this Period 40.01
City ATLANTA	State Zip Code GA 30318	
Purpose of Disbursement Travel of Staff Support		Category/ Type
Candidate Name [Blank]		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 03		

Full Name (Last, First, Middle Initial) B. RACE TRAC 52		Date of Disbursement 09 ' 19 ' 2012
Mailing Address 1625 Old Hwy 41		Amount of Each Disbursement this Period 30.00
City KENNESAW	State Zip Code GA 30152	
Purpose of Disbursement Travel - for staff		Category/ Type
Candidate Name [Blank]		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 03		

Full Name (Last, First, Middle Initial) C. RACE TRAC 52		Date of Disbursement 09 ' 29 ' 2012
Mailing Address 1625 Old Hwy 41		Amount of Each Disbursement this Period 26.69
City KENNESAW	State Zip Code GA 30152	
Purpose of Disbursement Travel for staff		Category/ Type
Candidate Name [Blank]		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SC District: 03		

SUBTOTAL of Disbursements This Page (optional).....	96.70
TOTAL This Period (last page this line number only).....	

12030934184

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Committee to elect Brian Ryan B Doyle to Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. *CAS Plus*

10 / 01 / 2010

Mailing Address

Amount of Each Disbursement this Period

City *Asheville* State *SC* Zip Code *29801*

62.00

Purpose of Disbursement
Fuel Travel

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *SC* District: *03*

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. *CHEVRON FOODMART*

09 / 25 / 2012

Mailing Address
490 Whitehall St

Amount of Each Disbursement this Period

City *ATLANTA* State *GA* Zip Code

40.00

Purpose of Disbursement
Travel - Fuel Staff

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *SC* District: *03*

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. *Verizon Wireless. Cellular Phones*

08 / 02 / 2012

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

202.10

Purpose of Disbursement
** Campaign Cellular Bills*

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *SC* District: *03*

Full Name (Last, First, Middle Initial)

SUBTOTAL of Disbursements This Page (optional).....

304.10

TOTAL This Period (last page this line number only).....

12030934185

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 4 OF			
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)

A. Holiday INN Express

Full Name (Last, First, Middle Initial)

Mailing Address: **389 SMITH STREET**

City: **Vineland** State: **NJ** Zip Code: **08360**

Purpose of Disbursement: **Campaign event**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SC** District: **03**

Date of Disbursement: **08 ' 03 ' 2012**

Amount of Each Disbursement this Period: **136.85**

B. Holiday INN Express

Full Name (Last, First, Middle Initial)

Mailing Address: **389 SMITH STREET**

City: **Vineland** State: **NJ** Zip Code: **08360**

Purpose of Disbursement: **Campaign event - STAFF ROOM**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SC** District: **03**

Date of Disbursement: **08 ' 03 ' 2012**

Amount of Each Disbursement this Period: **159.85**

C. SHELL GAS STATION

Full Name (Last, First, Middle Initial)

Mailing Address: **3001 TV Road**

City: **Florence** State: **SC** Zip Code: **29501**

Purpose of Disbursement: **Travel fuel - CAR#1**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SC** District: **03**

Date of Disbursement: **08 ' 06 ' 2012**

Amount of Each Disbursement this Period: **50.00**

SUBTOTAL of Disbursements This Page (optional) **346.70**

TOTAL This Period (last page this line number only)

12030934186

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
*** Comm. Htee to Elect Brian Ryan B Doyle to Congress**

A. Patriot Farm Shell Gas

Full Name (Last, First, Middle Initial)
Mailing Address: **3001 TV Road**

City: **Florence** State: **SC** Zip Code: **29501**

Purpose of Disbursement: **GAS Travel # 2 Inc**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SC** District: **03**

Date of Disbursement: **08' 06' 2012**

Amount of Each Disbursement this Period: **50.00**

B. SUNOCO

Full Name (Last, First, Middle Initial)
Mailing Address: **700 S. Broadway**

City: **Pennsville** State: **NJ** Zip Code: **08070**

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: **08' 05' 2012**

Amount of Each Disbursement this Period: **78.00**

C. WAWA GAS

Full Name (Last, First, Middle Initial)
Mailing Address: **2802 S. Delsea Dr**

City: **Vineland** State: **NJ** Zip Code: **08360**

Purpose of Disbursement: **Travel - Campaign Event**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **SC** District: **03**

Date of Disbursement: **08' 03' 2012**

Amount of Each Disbursement this Period: **70.00**

SUBTOTAL of Disbursements This Page (optional) **198.00**

TOTAL This Period (last page this line number only)

12030934187

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **6** OF

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Brian Ryan B Doyle to Congress

Full Name (Last, First, Middle Initial)

A. *SUNOCO # 2639*

Date of Disbursement

08 / **03** / **2012**

Mailing Address

826 RADFORD BLVD RT 1 NW

City

Dillon

State

SC

Zip Code

29536

Amount of Each Disbursement this Period

40.00

Purpose of Disbursement

Travel Campaign #1 CAR

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *SC*

District: *03*

Full Name (Last, First, Middle Initial)

B. *SUNOCO # 2639*

Date of Disbursement

08 / **03** / **2012**

Mailing Address

826 RADFORD BLVD RT 1 NW

City

Dillon

State

SC

Zip Code

29536

Amount of Each Disbursement this Period

30.60

Purpose of Disbursement

Travel Campaign #2 CAR

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *SC*

District: *03*

Full Name (Last, First, Middle Initial)

C. *CIRCLE K STORE #5377*

Date of Disbursement

08 / **03** / **2012**

Mailing Address

2445 Columbia Hwy N

City

Aiken

State

SC

Zip Code

29801

Amount of Each Disbursement this Period

78.01

Purpose of Disbursement

Fuel Travel

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *SC*

District: *03*

SUBTOTAL of Disbursements This Page (optional).....

148.01

TOTAL This Period (last page this line number only).....

148.01

12030934188

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO Elect Brian Ryan B Doyle to Congress

Full Name (Last, First, Middle Initial)

A. *SHELL GAS*

Date of Disbursement

08 / *18* / *2012*

Mailing Address

1160 MORELAND AVE

Amount of Each Disbursement this Period

45.00

City

ATLANTA

State

GA

Zip Code

30303

Purpose of Disbursement

Fuel Travel - STAFF

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

SC

District:

03

Full Name (Last, First, Middle Initial)

B. *GAS Plus # 13*

Date of Disbursement

08 / *06* / *2012*

Mailing Address

1295 W. Martintown RD

Amount of Each Disbursement this Period

50.00

City

N. Augusta

State

SC

Zip Code

29860

Purpose of Disbursement

Travel Fuel

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

SC

District:

03

Full Name (Last, First, Middle Initial)

C. *Sprint Food store # 24*

Date of Disbursement

09 / *10* / *2012*

Mailing Address

4681 Jefferson Davis Hwy

Amount of Each Disbursement this Period

57.00

City

Clearwater

State

SC

Zip Code

29843

Purpose of Disbursement

Travel Campaign

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

SC

District:

03

SUBTOTAL of Disbursements This Page (optional).....

152.00

TOTAL This Period (last page this line number only).....

12030934189

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>8</u> OF
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Committee to elect Brian Ryan B Doyle to Congress

A. QuickTRIP

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: **08 / 28 / 2012**

Mailing Address: *Anderson / Clemson Hwy*

City: *Anderson* State: *SC* Zip Code _____

Purpose of Disbursement: *Travel - Fuel* Amount of Each Disbursement this Period: **44.00**

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: *SC* District: *03*

B. QuickTRIP

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: **09 / 08 / 2012**

Mailing Address: *Anderson / Clemson Hwy*

City: *Anderson* State: *SC* Zip Code _____

Purpose of Disbursement: *Travel - Campaign* Amount of Each Disbursement this Period: **59.01**

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: *SC* District: *03*

C. QuickTRIP

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: **09 / 07 / 2012**

Mailing Address: *Anderson / Clemson Hwy*

City: *Anderson* State: *SC* Zip Code _____

Purpose of Disbursement: *Travel - Campaign* Amount of Each Disbursement this Period: **35.00**

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: *SC* District: *03*

SUBTOTAL of Disbursements This Page (optional) **138.01**

TOTAL This Period (last page this line number only)

12030934190

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **9** OF

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Committee to elect Brian Ryan B Doyle to Congress

Full Name (Last, First, Middle Initial)

A. *RACEWAY*

Mailing Address

5148 US Hwy 278

City

Covington

State

GA

Zip Code

30010

Purpose of Disbursement

Travel - Campaign

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *SC*

District: *03*

Date of Disbursement

09 / 16 / 2012

Amount of Each Disbursement this Period

52.02

Full Name (Last, First, Middle Initial)

B. *RACE TRAC # 256*

Mailing Address

5191 South Cobb Drive

City

Maricetta

State

GA

Zip Code

30080

Purpose of Disbursement

Travel - Campaign

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *SC*

District: *03*

Date of Disbursement

09 / 18 / 2012

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. *RACE TRAC*

Mailing Address

Aiken/Augusta Hwy

City

N. August

State

SC

Zip Code

Purpose of Disbursement

Fuel Travel

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *SC*

District: *03*

Date of Disbursement

10 / 01 / 2012

Amount of Each Disbursement this Period

46.26

SUBTOTAL of Disbursements This Page (optional).....

138.28

TOTAL This Period (last page this line number only).....

138.28

12030934191

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Committee to elect Brian Ryan B Doyle to Congress

Full Name (Last, First, Middle Initial)

A. Greg's Gas Plus

Mailing Address 1186 Edgetield RD

City N. Augusta State SC Zip Code 29060

Purpose of Disbursement
Fuel Travel

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: SC District: 03

Date of Disbursement

10 / 07 / 2012

Amount of Each Disbursement this Period

54.00

Full Name (Last, First, Middle Initial)

B. RACETRAC

Mailing Address 5191 S. Cobb Pkwy

City Marietta State GA Zip Code 30080

Purpose of Disbursement
Fuel Travel

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: SC District: 03

Date of Disbursement

10 / 07 / 2012

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

C. QuikTrip

Mailing Address

City Anderson State SC Zip Code

Purpose of Disbursement
Fuel Travel

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: SC District: 03

Date of Disbursement

10 / 11 / 2012

Amount of Each Disbursement this Period

51.33

SUBTOTAL of Disbursements This Page (optional)

150.33

TOTAL This Period (last page this line number only)

12030934192

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

** Committee to elect Brian Ryan B Doyle to Congress*

Full Name (Last, First, Middle Initial)

A. *Verizon Wireless*

Date of Disbursement

10 / 10 / 2012

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

204.41

Purpose of Disbursement

Cellular PHONE COST

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *SC* District: *03*

Full Name (Last, First, Middle Initial)

B. *Quick Trip*

Date of Disbursement

08 / 07 / 2012

Mailing Address

1340 Klondike RD

City State Zip Code

Conyers GA

Amount of Each Disbursement this Period

45.00

Purpose of Disbursement

Fuel Travel

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *SC* District: *03*

Full Name (Last, First, Middle Initial)

C. *Circle K Store*

Date of Disbursement

07 / 23 / 2012

Mailing Address

1035 Edgefield RD

City State Zip Code

N. Augusta SC 29860

Amount of Each Disbursement this Period

36.30

Purpose of Disbursement

Fuel-Travel

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *SC* District: *03*

SUBTOTAL of Disbursements This Page (optional).....

285.71

TOTAL This Period (last page this line number only).....

12030934193

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Committee to elect Brian Ryan B Doyle to Congress

Full Name (Last, First, Middle Initial)

A. *Quick Trip*

Mailing Address
1395 Georgia Hwy 13

City *Conyers* State *GA* Zip Code

Purpose of Disbursement
Fuel - TRAVEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *SC* District: *03*

Date of Disbursement

07 / 19 / 2012

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

B. *Quick Trip*

Mailing Address
Anderson / Glenison Hwy

City *Anderson* State *SC* Zip Code

Purpose of Disbursement
Fuel - TRAVEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *SC* District: *03*

Date of Disbursement

07 / 19 / 2012

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. *RACE TRACE*

Mailing Address
5191 South Cobb Drive

City *Marietta* State *GA* Zip Code *30080*

Purpose of Disbursement
Fuel - TRAVEL

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: *SC* District: *03*

Date of Disbursement

09 / 03 / 2012

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

130.00

12030934194

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. FLASH Foods #182
 Full Name (Last, First, Middle Initial)
 Mailing Address: 2030 Eatonton RD
 City: Madison State: GA Zip Code: 30650
 Purpose of Disbursement: Fuel Travel
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: SC District: 03
 Date of Disbursement: 07 / 22 / 2012
 Amount of Each Disbursement this Period: 40.00

B. Quick Trip
 Full Name (Last, First, Middle Initial)
 Mailing Address: Clemson Hwy
 City: Anderson State: SC Zip Code: _____
 Purpose of Disbursement: Fuel-travel campaign
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: SC District: 03
 Date of Disbursement: 08 / 22 / 2012
 Amount of Each Disbursement this Period: 38.20

C. Quick Trip 0
 Full Name (Last, First, Middle Initial)
 Mailing Address: Clemson Hwy
 City: Anderson State: SC Zip Code: _____
 Purpose of Disbursement: Fuel-travel campaign
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: SC District: 03
 Date of Disbursement: 08 / 14 / 2012
 Amount of Each Disbursement this Period: 36.00

SUBTOTAL of Disbursements This Page (optional) 114.20
 TOTAL This Period (last page this line number only)

12030934195

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
Committee to elect Brian Ryan B Doyle to Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)
Brian L Doyle

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 1391

City State ZIP Code
Greenwood SC 29648

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS Date Incurred Date Due Interest Rate Secured:
 / / / / % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030934196

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State Zip Code	Date Due	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).		Location of account:	
Date account established:		Address:	
		City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE	
Title			

12030934197

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Committee to elect Brian Ryan B Doyle to Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Brian Doyle</i>	Nature of Debt (Purpose): <i>Loan to Campaign</i>
Mailing Address <i>P.O. Box 1391</i>	
City <i>Greenwood</i>	State <i>SC</i>
Zip Code <i>29648</i>	

Outstanding Balance Beginning This Period <i>1,539.93</i>	Amount Incurred This Period <i>2,300.00</i>	Payment This Period <i>0.00</i>	Outstanding Balance at Close of This Period <i>1,839.93</i>
--	--	------------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City	State
Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City	State
Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

12030934198

FEC FORM 3Z (File with Form 3)
CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>Committee to elect Brian Ryan B Doyle to Congress</i>	Report Covering Period: From: 06 / 12 / 2012 To: 10 / 20 / 2012
---	---

Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A		
B	Column Total Last Page Only.....	

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A		315.00	315.00	0.00	2,287.64	0.00
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	2,287.04	0.00	0.00	2,287.04	2,287.04	0.00
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0.00	0.00	0.00	0.00	0.00	0.00
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0.00	0.00	2,287.04	150.00	1.50.00	
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	13,839.93	315.00	2,287.04			
B						

12030934199

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 10/22/12
Delivery Confirmation™ or Signature Confirmation™ Label	<input checked="" type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jmw
PREPARER

10/26/12
DATE PREPARED

12030934200